

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WEBSTER MANOR (410448)

Address: 515 S WEBSTER AVE, OMRO, WI 54963

License Status: REGULAR

Licensed/Certified/Registered 03/01/1997

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096834 **End Date:** 04/13/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007289 Served 05/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0094886 **End Date:** 04/28/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007158 Served 05/25/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(14)(a)	POSTINGS OF CITATIONS AND NOTICES	04/12/2006	Yes
83.34(3)(a)	PLAN OF CARE	04/12/2006	Yes
83.34(3)(b)2	SERVICES PROVIDED	04/12/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0094281 **End Date:** 02/15/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007123 Served 03/21/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/27/2005	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/02/2006 **SOD #**10007289 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(p)

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Complaint History

Date Complaint Received: 03/29/2006

Date Investigation Completed: 04/13/2006

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

05/02/06

Date Complaint Received: 04/27/2005

Date Investigation Completed: 04/28/2005

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

-migrated data -

NOT RECORDED

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